

APR 17 2009

## FAX TRANSMISSION

DATE: April 17, 2009

PTO IDENTIFIER: Application Number 10/559,675  
Patent Number

Inventor: Jaquith et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: ROPES & GRAY LLP  
David P. Halstead, J.D., Ph.D.

PHONE: (617) 951-7615

Attorney Dkt. #: 105769-0101-301

PAGES (Including Cover Sheet): 5

CONTENTS: Revocation of Power of Attorney With New Power of Attorney and Change of Correspondence Address (1 page)  
Statement Under 37 CFR 3.73(b) (1 page)  
Schedule A (1 page)  
Certificate of Transmission (1 page)  
This Facsimile Cover Sheet

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (617) 951-7085 and send the original transmission to us by return mail at the address below.

**This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.**

**ROPES & GRAY LLP**  
One International Place, Boston, Massachusetts 02110  
Telephone: (617) 951-7000 Facsimile: (617) 951-7050

RECEIVED  
CENTRAL FAX CENTER

002/005

APR 17 2009

PTO/SB/97 (09-04)  
Approved for use through 07/31/2006. OMB 0651-0031  
U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

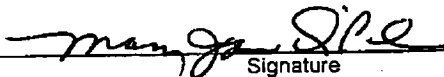
Application No. (if known): 10/559,675

Attorney Docket No.: 105769-0101-301

## Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office to facsimile number (571) 273-8300.

on April 17, 2009  
Date

  
Signature

Mary Jane DiPalma

Typed or printed name of person signing Certificate

Registration Number, if applicable

(617) 951-7000

Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Revocation of Power of Attorney With New Power of Attorney and Change of Correspondence Address (1 page)  
Statement Under 37 CFR 3.73(b) (1 page)  
Schedule A (1 page)  
Facsimile Cover Sheet (1 page)  
This Certificate of Transmission (1 page)